

Case Name _____

Docket # _____

**Massachusetts Municipal-Industry Wireless Collaborative
Mediation Pilot Program**

EXPERT AUTHORIZATION FORM

Subject to agreement of the parties, the mediator may select an appropriate expert based on the needs and specific matters in dispute. Experts will be compensated directly by the parties, who will share the cost equally. The mediator will contact the expert regarding the scheduled mediation session.

Late Cancellation Penalty: The parties understand that at the time of engaging the expert, a late fee shall be established and then assessed for postponing or canceling the use of their services. Fees for late cancellations or postponements shall be paid for entirely by the party responsible for such cancellation or postponement, unless the parties otherwise agree. Such late fees shall be paid to the expert for any cancellation or postponement within 24 hours of the session.

Expert Selected: _____

Mediator Signature: _____

The undersigned hereby agree to use the services of the above named expert:

Name of Party

Name of Attorney or Representative

Name of Organization

Name of Firm (if applicable)

Address

Address

City, State, Zip Code

City, State, Zip Code

Telephone Fax

Telephone Fax

Signed

Date: _____

Please fax to Daniela Messina, Deputy General Counsel, OCABR at (617) 973-8799

**NOTE: PLEASE MAKE SUFFICIENT COPIES OF ALL ORIGINAL FORMS
FOR FUTURE USE.**